

APPLICATION FOR TEACHING INTERN CERTIFICATE

ADE – Certification Unit, P.O. Box 6490, Phoenix, AZ 85005-6490 Phone: (602) 542-4367

Alternative Path to Certification Director Phone: (602) 364-3553

The Teaching Intern certificate entitles the holder to enter into a teaching contract while completing the requirements for an Arizona Provisional teaching certificate. The candidate shall be enrolled in an Arizona State Board authorized alternative path to certification program or an Arizona State Board approved teacher preparation program.

GENERAL INSTRUCTIONS AND INFORMATION: Please submit the following:

1. Completed **Application for Teaching Intern Certificate**. This application is only processed through the Phoenix office.
2. A money order, cashier's check or personal check **ONLY** for \$60 made payable to the Arizona Department of Education (ADE). Fees are **not** refundable. **Cash will not be accepted.**
3. A photo copy of your valid Arizona Fingerprint Clearance Card (plastic) issued by the Arizona Department of Public Safety (602) 223-2279
4. A Bachelor's or more advanced degree from an accredited institution. Official transcript(s) must be submitted.
5. A passing score on one or more subject knowledge portions of the Arizona Educator Proficiency Assessment (AEPA) which corresponds to the applicant's teaching assignment(s). If a proficiency assessment is not offered in the subject area, 24 semester hours of coursework in the subject area is required. Official transcript(s) must be submitted.
6. A letter of intent to hire or a contract indicating full-time contracted employment to include grade-level and content signed by the district superintendent or charter school administrator.
7. Verification of enrollment in an Arizona State Board authorized alternative path to certification program or an Arizona State Board approved teacher preparation program.

PERSONAL INFORMATION (TYPE OR PRINT IN BLUE OR BLACK INK)

Social Security Number: _____ **Date of Birth:** ____/____/____ **Gender:** M / F
(For identification purposes only)

Full Legal Name: _____
Last First Middle

Mailing Address: _____
Street Number or P.O. Box City State Zip

Telephone: (____) _____ **Email Address:** _____
(Home) (Home)

Ethnicity: ____ Asian or Pacific Islander ____ Black or African-American (Not-Hispanic) ____ Hispanic or Latino
____ White (Not-Hispanic) ____ American Indian or Alaskan Native ____ Other
(Gender and Ethnicity are requested for federal reporting purposes only)

SECTION 2: CRIMINAL HISTORY - ANSWER EVERY QUESTION, SIGN AND DATE

ATTN: If "YES" is indicated for any of the following questions, please attach a full explanation to this application, a statement must be provided with each application.

1. Have you ever had any professional certificate or license, revoked or suspended?.....YES___ NO___
2. Have you ever received a reprimand or other disciplinary action involving any professional certification or license?...YES___ NO___
3. Have you ever been convicted of any felony offense?.....YES___ NO___
4. **Have you ever been arrested for any offense for which you were fingerprinted?**.....YES___ NO___
5. **HAVE YOU EVER BEEN ARRESTED FOR ANY OF THE FOLLOWING OFFENSES IN THIS STATE OR SIMILAR OFFENSES IN ANOTHER JURISDICTION?**

a Second-degree murder	YES___ NO___	k Taking a child for the purpose of prostitution as prescribed in section 13-3206	YES___ NO___	r Any offense causing you to register as a sex offender	YES___ NO___
b Aggravated assault resulting in serious physical injury or involving the discharge, use or threatening exhibition of a deadly weapon or dangerous instrument against a minor under fifteen years of age	YES___ NO___	l Child prostitution as prescribed in section 13-3212	YES___ NO___	s First-degree murder	YES___ NO___
c Sexual assault	YES___ NO___	m Involving or using minors in drug offenses	YES___ NO___	t Armed Robbery	YES___ NO___
d Molestation of a child	YES___ NO___	n Continuous sexual abuse of a child	YES___ NO___	u Incest	YES___ NO___
e Sexual conduct with a minor	YES___ NO___	o Attempted first-degree murder	YES___ NO___	v Exploitation of minors involving drug offenses	YES___ NO___
f Commercial sexual exploitation of a minor	YES___ NO___	p Any other dangerous crime against children as defined in section 13-604.01	YES___ NO___	w Sexual abuse of a vulnerable adult	YES___ NO___
g Sexual exploitation of a minor	YES___ NO___	q Any of the above listed offenses if committed as a preparatory offense as described in section 13-1001	YES___ NO___	x Sexual exploitation of a vulnerable adult	YES___ NO___
h Child abuse	YES___ NO___			y Commercial sexual exploitation of a vulnerable adult	YES___ NO___
i Kidnapping	YES___ NO___			z Abuse of a vulnerable adult	YES___ NO___
j Sexual abuse of a minor	YES___ NO___			aa Molestation of a vulnerable adult	YES___ NO___
				bb Neglect of a vulnerable adult	YES___ NO___

I understand that pursuant to ARS § 15-534, any person who makes a false statement, representation or certification in any application for certification is guilty of a misdemeanor offense. I swear or affirm that the foregoing information completed by me, or submitted by me for certification purposes is, to the best of my knowledge, true and correct. Furthermore, should any part or all of the information herein provided prove to be false, I recognize that it shall be just cause for revocation, suspension, or other disciplinary action against any certificate issued to me by the Arizona Department of Education.

Date

Applicant's Signature